K073059

Attachment 6

510(k) SUMMARY PROBEAT with DSSS

Submitter's Name, Address, Telephone Number, Contact Person and Date Prepared

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Contact Person: Naoya Nishimura

Date Prepared: 30 October, 2007

Name of Device and Name/Address of Sponsor

PROBEAT

Hitachi, Ltd., Power Systems Group Advanced Medical Technology and Solutions Division, Proton Therapy 18-13, Sotokanda 1-chome, Chiyoda-ku Tokyo, 101-8608 Japan

Common or Usual Name: Proton Beam Therapy System ("PBTS") Classification Name: Medical Charged-Particle Radiation Therapy System

Predicate Device: Hitachi's PROBEAT (K053280)

Purpose of the Special 510(k) notice.

The PROBEAT with DSSS is a modification to Hitachi's cleared PROBEAT.

Intended Use

The PROBEAT with DSSS is a medical device designed to produce and deliver a proton beam for the treatment of patients with localized tumors and other conditions susceptible to treatment by radiation.

Technological Characteristics

The PROBEAT with DSSS is a proton beam irradiation system, which provides a therapeutic proton beam for clinical treatment. It is designed to deliver a proton beam with the prescribed dose, dose distribution and directed to the prescribed patient treatment site. The PBTS is designed to be safe and reliable. The equipment to perform the above work is comprised of two main components. One is a beam delivery system whose primary responsibility is to ensure that the desired prescription parameters are properly delivered. The other is the equipment necessary to generate the proton beam and direct it to the beam delivery system.

Performance Data

The submission includes a summary of the performance testing that Hitachi conducted to demonstrate that the device meets its performance specifications.

Substantial Equivalence

PROBEAT with DSSS has the same intended use and indications, as well as substantially similar principles of operation and technological characteristics, as compared to Hitachi's cleared PROBEAT (K053280), PROBEAT with MGCS (060834), and IBA Proton Therapy System – Proteus 235 (K060695). The only difference between the PROBEAT with DSSS and the cleared PROBEAT is the addition of the Discrete Spot Scanning System ("DSSS"). Thus, the PROBEAT with DSSS is substantially equivalent to its predicate devices.





DEC 1 0 2007

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Hitachi, Ltd., Power Systems Group % Jonathan S. Kahan, Esq.
Regulatory Counsel
Hogan & Hartson L.L.P.
555 Thirteenth Street NW
WASHINGTON DC 20004

Re: K073059

Trade/Device Name: PROBEAT with DSSS Regulation Number: 21 CFR 892.5050

Regulation Name: Medical charged-particle radiation therapy system

Regulatory Class: II Product Code: LHN Dated: October 30, 2007 Received: October 30, 2007

Dear Mr. Kahan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter.

21 CFR 876.xxxx	(Gastroenterology/Renal/Urology)	240-276-0115
21 CFR 884.xxxx	(Obstetrics/Gynecology)	240-276-0115
21 CFR 892.xxxx	(Radiology)	240-276-0120
Other		240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mancy C Brogdon
Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Attachment 7

Indications for Use Statement			
510(k) Number (if known): <u>K07305</u>		
Device Name: PROBEAT with	DSSS		
Indications for Use: Hi designed to produce and deliver localized tumors and other cond	a proton beam for	with DSSS is a medical device the treatment of patients with o treatment by radiation.	
Prescription Use X (Per 21 C.F.R. 801.109)	AND/OR	Over-The-Counter Use (Per 21 C.F.R. 807 Subpart C)	
(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)			
Concurrence of CD	ORH, Office of Device	ee Evaluation (ODE)	
Maricia Broadon			
(Division Sign-Off) Division of Reproductive, Abdominal and			
Radiological Devices KD/305 9	_		